Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>3/16/2010</u>	Address:	Upas road S. of 12th road
Case #:	<u>24-31301</u>		Plymouth, In
County:	<u>Marshall</u>		
Type of Laboratory Seizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only)		Seizure Location (compared in Residence in Outbuilding in Vehicle	check all that apply) Hotel/Motel Open — No Structure Other:
(check all the	at apply) /Ammonia Reaction(s): near road sphorous/Iodine Reaction(s): ble Solvents: eactive Metal (Lithium): bus Ammonia: cloric Acid Gas Generator(s): Near roactive Acid: te Base: em and location):		
☐ Yes ☐ No *If yes, fax rep	r age 18 discovered (check one) (number present) ort to Child Protective Services is to be faxed to the following agen	☐ Ephedring ☐ Retail/Me ☐ Other:	
Fire Departm Health Depa Child Protect For further in	nent: <u>Plymouth Fire</u> rtment: <u>Marshall Co.</u> rtion Service: <u>N/A</u> nformation regarding this methamphe	Fax: <u>574-9</u> Fax: <u>(574)</u> Fax:	36-5256 936-9247

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.